



respective solutions GROUP

Summer Learning Camp 2022 at Blacklick Valley Elementary Center

**Funded in full or in part with a grant by the Pennsylvania Department of Education*

Any BVEC students entering grades K-6 are eligible to attend!

Join us for a free, fun, and educational summer camp at your school! Camp will be Monday through Thursday from 8:00 a.m.-12:00 p.m. from June 13-July 28, 2022. There will be no program the week of July 4th for the holiday.

Students can look forward to STEAM (science, technology, engineering, art, and math), outside activities, literacy, nutrition/mindfulness, sports/fitness and more!

To enroll your child, please fill out pages 2 & 3 of the attached Parent/Guardian Agreement form. All eligible students are welcome and encouraged to attend all 4 days/week for the total 6 weeks.

Please return the enrollment form to school, email it to chelsea@respectivesolutions.com, or mail it to:

Respective Solutions Group
948 Ben Franklin Hwy
Ebensburg, PA 15931

*****Please be sure that your child is dressed in appropriate and comfortable clothing/footwear to participate in daily outside activities. You may wish to send a water bottle with your child. Staff will not apply sunscreen/bug spray, etc. to children.***



948 Ben Franklin Hwy, Ebensburg, PA 15931 ○ p. (814) 472-2225 ○ f. (814) 472-2228
353 Buford Ave, Gettysburg, PA 17325 ○ p. (717) 420-2396
○ www.respectivesolutions.com



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Summer Learning Camp 2022 at Blacklick Valley Elementary Parent/Guardian Agreement Form

Child's Name: _____ T-Shirt Size: _____

By completing and signing this form, you are agreeing to the following terms:

1. I authorize the persons listed on this form as the emergency contacts for my child while enrolled in Respective Solutions Group's (RSG) summer camp/program. I understand that my child will only be released to these persons, and that my child must be signed out from program. I understand that persons attempting to pick up my child may need to provide identification to RSG staff.
2. I understand that program staff will apply minor First Aid (bandages/icepacks) to my child but cannot dispense oral medications. Staff will contact parents/guardians if First Aid is necessary. I give consent for RSG to seek emergency medical care if necessary.
3. I have full knowledge of the nature and extent of the COVID-19 health risks inherent in participating in RSG activities. I, on behalf of myself and the named student, am voluntarily assuming said risks and agree to give consent of participation which may include social distancing, wearing a face covering and temperature checks. I understand that in the event of my child having any symptoms, I will be notified and will immediately pick my child up from program.
4. I understand that the summer camp has the same expectations for student behavior as the school, and that attending any RSG program is a privilege and is voluntary.
5. I give permission for RSG staff to obtain the following information for my child: PA Secure ID, school attendance and tardiness data; state assessment data (PSSA, Keystone, etc.); report card grades; school discipline data; data collected by clearance-earning Saint Francis University students offering academic or positive behavior learning opportunities; and feedback from teachers and administrators to comply with grant reporting requirements, with the understanding that this information will be kept confidential.
6. I give permission for RSG to take pictures and video of my child during the summer camp with the understanding that these images may be used for: projects/display boards; student yearbooks; RSG's website/Facebook/Twitter pages; in the local newspapers and shared with RSG partners/collaborators.
7. I understand that if school is canceled or dismisses early, there will be no program that day. If RSG chooses to cancel program, staff will notify parents/guardians, as soon as possible, via *Remind.
8. *I agree to have the first two listed emergency contacts' cell phone number and email address added to the RSG Remind class to receive important announcements, reminders, and updates.

Summer camp is scheduled for Monday, Tuesday, Wednesday & Thursday (no program on Friday or the week of July 4th). Please check the weeks that your child will attend:

Week 1 (June 13-16)

Week 2 (June 20-23)

Week 3 (June 27-30)

Week 4 (July 11-14)

Week 5 (July 18-21)

Week 6 (July 25-28)

Demographic information (this is only used for reporting purposes):

Child's gender: **Male** **Female** **Other:** _____

Child receives learning support services: **Yes** **No**

Child's race/ethnicity (check one or more): **Hispanic/Latino** **American Indian/Alaska Native**

Black or African American

Native Hawaiian or Pacific Islander

Asian

White

Emergency Contact Information

Child's Name: _____ Birthdate: _____ Grade (rising): _____
Street Address: _____ City/State/Zip: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Street Address: _____ City/State/Zip: _____
*Phone/s: c. _____ h. _____ w. _____
*Email: _____

Parent/Guardian Name: _____ Relationship to Child: _____
Street Address: _____ City/State/Zip: _____
*Phone/s: c. _____ h. _____ w. _____
*Email: _____

Please list two *additional* persons (18 years of age or older) that we may contact and that have permission to pick up your child in case of an emergency. These contacts should be available during program hours.

1. Name: _____ Relationship to Child: _____
Street Address: _____ City/State/Zip: _____
Phone/s: c. _____ h. _____ w. _____

2. Name: _____ Relationship to Child: _____
Street Address: _____ City/State/Zip: _____
Phone/s: c. _____ h. _____ w. _____

Please list any known allergies or medical conditions/concerns:

Please list any disabilities or special needs:

Pick Up:

All children must be picked up by 12:00 PM (noon) at the back, gym doors and signed out by a parent/guardian listed on this form. Late pick-ups will not be tolerated and will be cause for removal from the summer camp. You may need to show your I.D. to RSG staff.

Any other information that RSG staff should know:

Parent/Guardian Signature: _____ Date: _____